

## Giant myxoma



## Mixoma gigante

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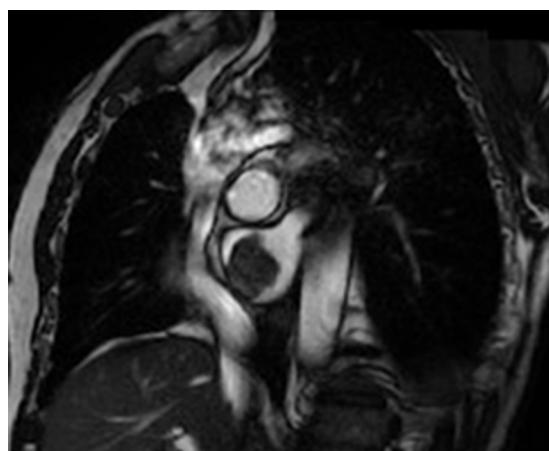
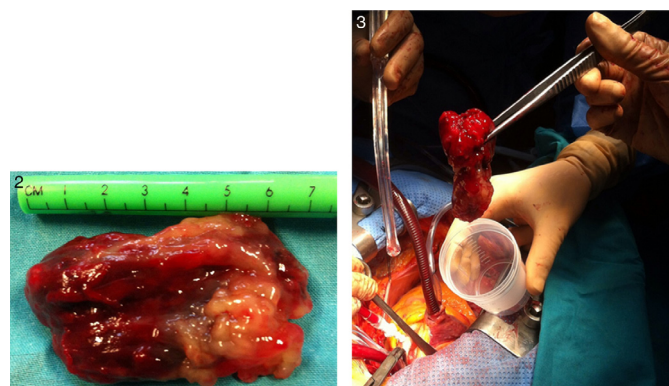


Fig. 1. Large mass in the left atrium.

A 69 year old male with ferropenic anemia and generalized malaise was referred to our hospital in order to investigate any underlying malignant disease. Faecal occult bloodtesting was negative. Lab tests and a panendoscopy were also negative. A full body CT scan showed a large mass in the left atrium and a MRI was performed to further determine the mass (Fig. 1). An ecocardiogram confirmed the presence of a large mobile mass of 83 mm × 30 mm which was anchored to the ceiling of the left atrium. The tumor prolapsed in to the left ventricle during diastole, generating a dynamic mitral stenosis (VID1). Surgery was planned in order to remove the mass. Preoperative coronary angiography showed a three vessel coronary disease. A triple bypass surgery and a resection of the atrial mass was performed (Figs. 2 and 3). The pathology analysis confirmed the diagnosis of myxoma. The patient underwent an uneventful postoperative stay and was discharged 5 days after the procedure.

Myxomas represent nearly half of the benign cardiac tumors, they occur sporadically and the majority occur solitarily. They have



Figs. 2 and 3. Atrial mass.

predilection to be localized in the left atrium. Our case was a papillary myxoma which are fragile and prone to fragmentation and embolization.

#### Ethical disclosure

**Protection of human and animal subjects.** The authors declare that no experiments were performed on humans or animals for this investigation.

**Confidentiality of data.** The authors declare that no patient data appears in this article.

**Right to privacy and informed consent.** The authors declare that no patient data appears in this article.

#### Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.circv.2016.07.002](http://dx.doi.org/10.1016/j.circv.2016.07.002).

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